University Assignment Program (UAP) Application

Note: If additional space is required for any section, please use plain paper identifying the applicant's name and section with the additional information, then attach it to the application.

A. Applicant's brief description of proposed coursework and how this training is relevant and will be applied to current and/or future duties.

B. UAP Application Summary Sheet

1. Employe	e Information
Name (Last	t, First, MI):
Title/Series	/Grade:
Office Mail	ling Address:
Office Phor	ne Number:
	c Background Note: Please provide a copy of college transcripts or provide a e level courses taken with grades and attach to this application.
College:	
•	School:
•	Degree:
•	Major:
Other Univer	rsity Training:
•	School:
•	Hours:
•	Description:
3. Proposed Training In	
Address:	
Advisor:	
Phone Num	aber:

Semester or Quarter 1; or On-Line Equivalent		
Start Date:	Completion Date:	
Course:	Credits:	
Tuition Cost:	Books/Materials Cost:	
Course:	Credits:	
Tuition Cost:	Books/Materials Cost:	
Course:	Credits:	
Tuition Cost:	Books/Materials Cost:	
Course:	Credits:	
Tuition Cost:	Books/Materials Cost:	

Semester or Quarter 2; or On-Line Equivalent		
Start Date:	Completion Date:	
Course:	Credits:	
Tuition Cost:	Books/Materials Cost:	
Course:	Credits:	
Tuition Cost:	Books/Materials Cost:	
Course:	Credits:	
Tuition Cost:	Books/Materials Cost:	
Course:	Credits:	
Tuition Cost:	Books/Materials Cost:	

Quarter 3	; or On-Line Equivalent
Start Date:	Completion Date:
Course:	Credits:
Tuition Cost:	Books/Materials Cost:
Course:	Credits:
Tuition Cost:	Books/Materials Cost:
Quarter 4	; or On-Line Equivalent
Start Date:	Completion Date:
Course:	Credits:
Tuition Cost:	Books/Materials Cost:
Course:	Credits:
Tuition Cost:	Books/Materials Cost:
Total Cost for Proposed Courses:	
Town cost for Freposous courses.	
C. Supervisor	
Nome (Last First MI)	
Name (Last, First, MI)	
Title:	
Office Mailing Address:	
Office Phone Number:	

